		IS FOR TOWN OFFICIAL REVIEW & SIGNATURES
PROPERTY LOCATION / STREET ADDRE	ESS 306	STURRS RURI)
		AGENT SECTION
In reviewing and approving a provisions have been met:	any application fo	or a permit, the Town officer shall determine that the following
☐ Modification: ☐ N		or varied by the modification process. roved Denied
		R APPROVALS REQUIRED
4		with local Inland Wetlands, Health District and Public Works required and any conditions of approval shall be incorporated into
		RECTOR IF CUTTING OR FILL IS 12" OR GREATER**
DIRECTOR OF HEALTH	DATE	COMMENTS
INLAND WETLAND AGENT	DATE	COMMENTS
DIRECTOR OF PUBLIC WORKS	DATE	COMMENTS
☐ Approved as submit ☑ Approved with modi ☐ Denied. The following comments, co	bmissions which a tted. ification or condition of appropriate of the condition of the condition of the condition of appropriate of the condition of the condit	are attached to or referenced on this form, the permit has been: tions as stated below. roval or reason(s) for denial apply: y plan superceded the y plan superceded the Storn Road is not allowed.
AUTHORIZED AGENT:	ATURE 1	DATE 6/6/17

